

**U.S. Bankruptcy Court - Middle District of Alabama
CM/ECF Account Request Form**

Date: _____

First Name

MI

Last Name

Title: _____

User Type: _____ - Attorney- Full participation

_____ - Creditor- Limited access

Office: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Phone: _____

Fax: _____

Bar ID: _____

Email Notification Setup Options

Primary Email Address: _____

Additional Email Addresses: _____

How do you want to be noticed? _____

(Chose only one option)

_____ Notice for each filing

_____ Daily summary report

Additional Accounts For Staff

My signature below approves that the following additional CM/ECF accounts should be created for my staff.

Attorney signature: _____

Staff Initials For Additional CM/ECF Accounts: _____

Official Use Only

Comments: _____

**United States Bankruptcy Court
Middle District Of Alabama
CM/ECF**

This form, in conjunction with the CM/ECF Account Request Form, is used to register for filing documents electronically via the CM/ECF system. A registered participant will have the privilege to file documents using CM/ECF with the Clerk's Office of the U.S. Bankruptcy Court for the Middle District of Alabama if training has been successfully completed. The following information is required for CM/ECF registration.

Last Name: _____

First Name: _____ **Middle Name:** _____

Bar ID#: _____

State of Admission: _____

Firm Name: _____

REQUIRED: I certify that I have completed at least ONE of the following:

_____ CM/ECF training seminar Date: _____ Court/Location: _____

_____ Online training module

_____ I am a certified ECF user in another US Bankruptcy Court -- Name of Court: _____

By signing and submitting this registration form, I agree to the following:

1. Pursuant the Federal Rule of Bankruptcy Procedure 9011 and CM/ECF general orders, every pleading, motion and other paper (except lists, schedules, statements or amendments thereto) shall be signed by at least one attorney of record and that signatures shall be indicated by s/ and the typed name of the person signing in the format: " s/ Jane Smith" on the signature line. My login and password constitutes my signature.
2. The login and password for filing via the Internet shall be used exclusively by me and by any of my employees to whom I give authorization. I will not knowingly permit my login and password to be used by anyone who is not so authorized.
3. I will select and activate a new password in CM/ECF if an employee of mine who has been authorized to use my login and password no longer serves in such a capacity.
4. I will immediately contact the CM/ECF Help Desk at 334-954-3800 to report any suspected compromise of my password.
5. I will receive service of documents and any docket activity electronically pursuant to FRBP 7005, where service of documents is otherwise permitted by first class mail. In doing so, I agree to maintain a current and active email address to receive notification in CM/ECF.
6. I will abide by all of the requirements set forth in the "Administrative Procedures for Filing, Signing, Maintaining and Verifying Pleadings and Papers in the Case Management/Electronic Case Filing (CM/ECF) System" in effect (which includes the current version and any changes or addition that may be made to it).

Applicant Name (Please type)

Applicant Signature

**Please fax these forms to (334) 954-3819 or mail to: U.S. Bankruptcy Court
P.O. Box 1248
Montgomery, AL 36102-1248**